## ICS 201-1 Initial Incident Organization

Incident Name:		Date Prepared		Time Prepared:
Operational Period Date: From: To:	TO THE COMMENT	Operational Period Time:	From:	To
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State	Incident Co	ommander	Federal	
			- 1711	
Legal Officer	Legal Officer		PIO	
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Safety Officer		L	aison Officer	
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EOC Manager				
	Depu	ty IC Se	curity Officer	
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Operations Chief	Planning Chief	Logistics Chief	Admii	n/Finance Chief
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}				
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Prepared By:	Agency Name:		ICS Position:	
Approved By:	Agency Name:		ICS Position:	
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